

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT
DOCUMENT # P98000001973
 1. Corporation Name
SOL E MAR, CORPORATION

FILED
99 DEC 15 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
48 E FLAGLER STREET 48 E FLAGLER STREET
SUITE M32 SUITE M32
MIAMI, FLORIDA 33131 MIAMI, FLORIDA 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		8201 N. W. 66 STREET		01/08/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		SUITE 4		65-0814175	
City & State		City & State		Applied For	
		MIAMI, FLORIDA 33166		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		33166	U. S. A.		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P S D	COSTA, MANUEL	8201 NW 66 STREET #4	MIAMI, FLORIDA 33166
V T D	MARTINS, JOAQUIM	8201 NW 66 STREET #4	MIAMI, FLORIDA 33166
REINSTATEMENT 99			
000003072430--6			
-12/16/99--01001--003			
***793.75 ***678.75			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COSTA, MANUEL 8201 NW 66 STREET #4 MIAMI, FLORIDA 33166		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		Date 10/04/1999	
Signature of Registered Agent <i>Manuel Costa</i>		REGISTERED AGENT MUST SIGN	

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		(See other side for information on intangible tax.)
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: <i>Manuel Costa</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		G. PAYNE DEC 16 1999 10/04/1999 (305) 597-4511